

PLAN REVIEW DISPOSITION

(THIS FORM IS NOT TO BE INCLUDED IN THE CONSUMER'S FILE)

☐ Facilitated ☐ Non-Facilitated

Must be completed by facilitator/plan manager:

Planning Meeting Time: _____
Administrative Time: _____
Travel Time: _____
Total time to complete plan = _____
(Planning, Admin. & Travel)

MUST BE COMPLETED BY PLAN MANAGER:

Name of Consumer: _____ ICAP: _____ SS #: _____
Name of Facilitator: _____ Provider/DSN Board: _____
Name of Service Coordinator/Early Interventionist: _____
Name of Service Coordinator/Early Intervention Supervisor: _____

MUST BE COMPLETED BY THE FACILITATOR OR PLAN MANAGER (IF NON-FACILITATED):

Date(s) of Planning Meeting: _____
Date Background Document was received/completed: _____ Date Planning Document and POS was received: _____

MUST BE COMPLETED BY SCDDSN STAFF:

Date Received at the Office of Plan Review: _____ Date Reviewed: _____ ☐ CO ☐ Office of Plan Review
Postmarked: _____ Total Time Reviewed: _____
Part of Sample: _____ Yes _____ No _____ MR/RD _____ HASCI _____ Autism _____ IFSP

Facilitated Plans (not part of the sample):

- _____ Single Plan/IFSP approved for payment of facilitation services, postmarked 1-10 working days after the Plan was facilitated.
- _____ Single Plan/IFSP approved ☐ for payment ☐ not for payment – plan postmarked 11-31 working days after the Plan was facilitated.
- _____ Single Plan/IFSP postmarked in excess of 31 working days after the Plan was facilitated, facilitator's name is to be removed from the approved list.

Facilitated Plans (reviewed as part of the sample):

- _____ Single Plan/IFSP approved for implementation (Single Plan/IFSP Review Checklist is attached). The Single Plan/IFSP and the facilitation documents have been forwarded to the Project Director for Facilitation Training for review.
- _____ Single Plan/IFSP disapproved at this review. See comments and attached Single Plan or IFSP Review Checklist for needed corrective action. (The plan manager must complete the corrective action within seven working days and resubmit to his/her supervisor for review prior to implementation.) The Single Plan/IFSP and the facilitation documents have been forwarded to the Project Director for Facilitation Training for review.

Non-Facilitated Plans:

- _____ Single Plan/IFSP approved for implementation (Single Plan/IFSP Review Checklist is attached).
- _____ Single Plan/IFSP disapproved at this review. See comments and attached Single Plan/IFSP Review Checklist for needed corrective action. (The plan manager must complete the corrective action within seven working days and resubmit to his/her supervisor for review prior to implementation.)

Reviewer Signature
cc: Service Coordination/Early Interventionist Supervisor

Date
cc: Office of Plan Review
Director of Consumer/Family Empowerment
Facilitator